

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-007893

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

273

Primary Registration District No.

Registrar's No.

25

FILED FEB 26 1963

1. PLACE OF DEATH

a. COUNTY

Perry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Brazeau Twp.

Length of stay in 1b

2 Yrs.

c. CITY

Wittenberg

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

Wittenberg

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Rev. Martin

F.

Kuegele

4. DATE OF DEATH

Month

Day

Year

2-13-63

5. SEX

M

6. COLOR OR RACE

W

7. Married

☒

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

2-14-88

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lutheran Minister

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Crimora, Va.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Rev. F.G. Kuegele

13b. MOTHER'S MAIDEN NAME

Meta Reichenbach

14. NAME OF HUSBAND OR WIFE

Lillian V. Kuegele

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

10 Lillian V. Kuegele, Wittenberg, Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Embolus

INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Myocarditis

13 mos

DUE TO (c)

Atherosclerosis, General

12 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-9-62

2-13-63

and last saw him alive on **2-12-63**

Death occurred at

3:00

p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Direct or title)

Theodore Fischer, M.D.

22b. ADDRESS

Attenburg Mo

22c. DATE SIGNED

2-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-16-63

23c. NAME OF CEMETERY OR CREMATORY

Trinity Lutheran Cem.

23d. LOCATION (City, town, or county)

Shawneetown, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Young & Sons Perryville Mo 2-19-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Joe J. Zollner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

6790

20790

3

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1

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12

13

1270-0

1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Perry

Licensed Embalmer No. 4029

P. O. Address Perryville MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.